

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL  
PRACTICES COMMISSION  
**COVER PAGE**

**RECEIVED**  
Date Received  
Official Use Only  
**MAR 21 2012**  
**YOLO COUNTY**  
CLERK/RECORDER

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Saylor Donald Dale

**1. Office, Agency, or Court**

Agency Name

YOLO COUNTY BOARD OF SUPERVISORS SUPERVISOR  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: YOLO COUNTY BOARD OF SUPERVISORS Position: SUPERVISOR

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☒ County of YOLO  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or- The period covered is \_\_\_\_\_, through December 31, 2011.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2011, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and the schedules attached and certify that the information herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 9, 2012  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

DONALD SAYLOR

► NAME OF SOURCE

Mercy/Catholic Healthcare West

ADDRESS (Business Address Acceptable)

185 Berry Street, Ste 300, San Francisco, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 11</u>	<u>\$ 84.52</u>	<u>Brunch</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

The Nature Conservancy

ADDRESS (Business Address Acceptable)

201 Mission Street, Ste 4 San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit Environmental Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 08 / 11</u>	<u>\$ 23.10</u>	<u>Food &amp; Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Kaiser Foundation Health Plan Inc

ADDRESS (Business Address Acceptable)

1650 Response Road, Sacramento CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 21 / 11</u>	<u>\$ 75.00</u>	<u>Davis Chamber Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Gencorp

ADDRESS (Business Address Acceptable)

PO Box 537012, Sacramento CA 95853

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Technology-Based Manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 11</u>	<u>\$ 84.52</u>	<u>Brunch</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Law Offices of George E. Phillips

ADDRESS (Business Address Acceptable)

5301 Montserrat Lane, Loomis CA 95650

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 11</u>	<u>\$ 63.72</u>	<u>Food &amp; Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

John Chuck, Serotonin Surge Charities

ADDRESS (Business Address Acceptable)

1955 Cowell Blvd, Davis CA 95618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit for healthcare related causes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 11</u>	<u>\$ 100.00</u>	<u>Ticket to Fundraiser</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

DONALD SAYLOR

► NAME OF SOURCE

Teichert

ADDRESS (Business Address Acceptable)

3500 American River Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction & Materials

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 11</u>	<u>\$ 31.00</u>	<u>Dinner at Cap to Cap</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Policy Research Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 11</u>	<u>\$ 891.79</u>	<u>Meals &amp; Lodging</u>
<u>  /  /  </u>	<u>\$</u>	<u>Exempt GC 89506</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Sutter Health

ADDRESS (Business Address Acceptable)

2220 River Plaza Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 11</u>	<u>\$ 31.00</u>	<u>Dinner at Cap to Cap</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Policy Research Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 11</u>	<u>\$ 416.58</u>	<u>Meals &amp; Lodging</u>
<u>  /  /  </u>	<u>\$</u>	<u>Exempt GC 89506</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_